

**Issue Paper 4: Uniform Management of Accidental Exposure to HIV and  
Other Bloodborne Infections  
DRAFT**

**PROBLEM STATEMENT:** Existing state law authorizes public health officers to mandate HIV testing of a source patient when a substantial exposure occurs to a health care or public safety worker. These provisions apply only to persons in certain listed employment categories. Public health officers may not order HIV testing on behalf of persons not employed as health care or public safety workers. As a result, some persons with similar risk, such as “good Samaritans” may not receive information needed for the protection of their own health.

**DISCUSSION:** Since the AIDS Omnibus Law was enacted in 1988, treatment advances have proven to reduce the risk of HIV following an exposure to HIV-infected blood or blood products. To be most effective, the exposed person should begin postexposure prophylaxis (PEP) as soon as possible.<sup>1</sup> Sometimes this may require initiating PEP while HIV testing of the source person is pending. Current recommendations for duration of PEP are for four weeks. As drugs used for PEP have significant side effects, a person exposed to the blood of another person can make an informed decision about therapy by having knowledge about the HIV status of the source patient.

Following an exposure, the majority of source patients voluntarily agree to HIV testing and disclosure of test results to those who have been exposed. The involvement of public health officials is seldom required in these cases. However, in those cases in which source patients refuse to be tested voluntarily, state law permits health officers to order HIV testing of the source patient and disclosure of test results to exposed persons, but only in certain employment categories.

At times, some individuals provide emergency health care as “good Samaritans.” Frequently this happens at the scene of automobile accidents. Current state law does not authorize health officers to order HIV testing and disclose test results of the source patient to good Samaritans who experience a substantial exposure to the blood of an accident victim.

Thus, in some cases good Samaritans do not have access to the same range of information as do employed health care or public safety workers limiting their ability to make an informed decision regarding PEP. This situation can be a problem when both an employed public safety worker and a good Samaritan experience a substantial exposure to blood while providing care to the same injured patient. If the source (injured patient) refuses voluntary testing and the emergency response worker requests the health officer to order HIV testing, the emergency response worker can receive the test results but a good Samaritan cannot.

Persons with similar risk of acquiring a bloodborne infection from an accidental exposure are not treated uniformly.

1. Updated U.S. Public Health Services guidelines for the management of occupational exposures to HBV, HIV, and HIV and recommendations for postexposure prophylaxis. MMWR Morb Mortal Wkly Rep 2001;50(RR-11):1-52.